APN: <u>1321-32-001-013</u> ORDER NO.: <u>1101637-WD</u> DOC # 845168

06/25/2014 10:13AM Deputy: SG
 OFFICIAL RECORD
 Requested By:

Northern Nevada Title CC
 Douglas County - NV
 Karen Ellison - Recorder

Page: 1 of 5 Fee: \$18.00

BK-614 PG-6065 RPTT: 0.00

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA/TTLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Bambi Lyn Burrus P.O. BOX 21 ROCKFORD, WA 99030

BK 614 PG-6066

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A.P.N.: 1321-32-001-013 Escrow No.: 1101637-WD

RECORDING REQUESTED BY Northern Nevada Title Company 1483 US Highway 395 N # B Gardnerville, NV 89410

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO

Bambi Lyn Burrus P. O. Box 21 Rockford, WA 99030

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Bambi Lyn Burrus, of legal age, being duly sworn, deposes and says:

That David Russell Burrus, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as named as David R. Burrus, one of the parties in that certain Grant, Bargain and Sale Deed executed by Bennett J. Vasey and Marilyn J. Vasey to David R. Burrus and Bambi Lyn Burrus, husband and wife as joint tenants, recorded as Instrument No. 537324, on March 19, 2002, in Book 0302, Page 6589, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

All that certain piece, lot or parcel of land situate in and being a portion of the Southwest 1/4 of the Northeast 1/4 of Section 32, Township 13 North, Range 21 East, M.D.B. & M., more particularly described as follows:

Parcel 2, as shown on that certain Parcel Map #3 for Bently Nevada Corporation, filed for record in the office of the Douglas County Recorder, State of Nevada on December 4, 1990 in Book 1290, Page 315 as Document No. 240328, Official Records.

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Dated: June 25, 2014

Bambi Lyn Burrus

STATE OF WOSWITM

COUNTY OF Spokare;

On June 8, 2014 personally appeared before me, a Notary Public, Bambi Lyn Burrus who acknowledged that She executed the above instrument.

Signature 5 (Notary Public)

Notary Public E **Notary Public** State of Washington Andie Allen MY COMMISSION EXPIRES 08/14/2016 guminamumumumumumumumum g

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2008-011030

DATE ISSUED: 12/16/2008

FEE NUMBER: 0003203060

GIVEN NAMES: DAVID RUSSELL LAST NAME: BURRUS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: NOVEMBER 18,2008 FOUND
HOUR OF DEATH: 01:46 P.H.

SEX: MALE

AGE: 54 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: MAY 08,1954 BIRTHPLACE: WICHITA, KANSAS

MARITAL STATUS: MARRIED

SPOUSE: BAMBI BERNARD

OCCUPATION: MANAGER

INDUSTRY: CELL PHONE COMPANY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES? YES

INFORMANT: BAMBI BURRUS

RELATIONSHIP: WIFE

ADDRESS: 15305 E WRIGHT ROAD, ROCKFORD, WASHINGTON, 99030

PLACE OF DEATH: OTHER PLACE FACILITY OR ADDRESS: 15305 E WRIGHT ROAD CITY, STATE, ZIP: ROCKFORD, WASHINGTON 99030

RESIDENCE STREET: 15305 E WRIGHT ROAD CITY, STATE, ZIP: ROCKFORD, WASHINGTON 99030 INSIDE CITY LIMITS? NO COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: JAMES R BURRUS MOTHER: HELEN BUGH

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NW CREMATORY CITY, STATE: SPOKANE, WA DISPOSITION DATE: NOVEMBER 21,2008

FUNERAL FACILITY: COMMUNITY CREMATION SERVICE ADDRESS: N. 4407 DIVISION ST. #103

CITY, STATE, ZIP: SPOKANE WA 99207 FUNERAL DIRECTOR: GARY L CLARK

4 8451

CAUSE OF DEATH:

A. SELF-INFLICTED, PERFORATING, GUNSHOT WOUND TO CHEST

INTERVAL: NOT STATED 8.

INTERVAL:

C.

INTERVAL: D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: NOVEMBER 18,2008

Hour of Injury: 01:46 P.M. INJURY AT WORK? NO

PLACE OF INJURY: SHOP/GARAGE

LOCATION OF INJURY: 15305 E WRIGHT

CITY, STATE, ZIP: ROCKFORD, WASHINGTON 99030

COUNTY: SPOKANE

DESCRIBE HOW INJURY OCCURRED: SHOT SELF IN THE CHEST

MANNER OF DEATH: SUICIDE

AUTOPSY: YES

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES DID TOBACCO USE CONTRIBUTE TO DEATH? NO PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SALLY S AIKEN TITLE: MEDICAL EXAMINER

CERTIFIER

ADDRESS: 5901 N LIDGERWOOD, SUITE 248

CITY, STATE, ZIP: SPOKANE WA 99208 STATE SIGNED: NOVEMBER 19,2008

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S): NONE



CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 08-3314 ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: PEGGY J WETMORE DATE RECEIVED: NOVEMBER 21,2008



Affidavit for Correction

Center for Health Statistics P.O. Box 9709 Olympia, WA 98507-9709 (360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials Date	Affidavit Number
Use the section below for requesting any changes on the record.			
Record Type: Birth	☐ Death	☐ Marriage	☐ Dissolution
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)			
The Record is Incorrect or Incomplete as follows:			
6.	w shows:	7.	e True fact is:
8.		9.	
10.		И.	
12.		13.	
14. I represent the person as: Self Parent Guardian Informant Telephone Number: Funeral Director Other (Specify)			
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.			
15. Signature: 16. Date: 17. Address:			
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.			
Insurar	ate of Naturalization Med al Records Milit nce Records Birth	affidavit fical Record ary Record (DD-214) n Record sport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
Birth Certificates:			
 Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). 			
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)			
Death Certificates:			
 Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 			
 The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. Marriage/Dissolution (Divorce) Certificates:			
Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.			

DOH/CHS 023 (Rev. 9/2002)



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CERTIFIED SPOKANE REGIONAL HEALTH DISTRICT

DEC 1 6 2008



PEGGY I WETMORE CHIEF DEPUTY REGISTRAR QQ00362449